| | T | Complete if Known | | | |
|--|-----------|---|-------------|----------------------------|---------|
| FEE TRANSMITTAL for FY 2007 | | Application Number 10/785,207 | | | |
| | | Filing Date | 02/24/2004 | | |
| | | First Named Inventor | Modak | | |
| | | Examiner Name | Ali Soro | oush | |
| Applicant claims small entity status. See 37 CFR 1.27 | | Art Unit | 1616 | | |
| TOTAL AMOUNT OF PAYMENT (\$) 0 | | Attorney Docket No. | 070050.2534 | | |
| METHOD OF PAYMENT (check all that apply) | | FEE CALCULATION (continued) | | | |
| Check Credit card Money Order None | ΑI | ADDITIONAL FEES | | | |
| Deposit Account: | | | | | |
| Deposit Account 02-4377 | | Suraharga lata as | th or filir | na fee | |
| Number Deposit Account Baker Botts L.L.P. | = | Surcharge - late oath or filing fee | | | |
| Name The Director is authorized to: (check all that apply) | | Non-English Specification | | | |
| ✓ Charge fee(s) indicated below ✓ Credit any overpayments ✓ Charge any additional fee(s) or any underpayment of fee(s) | | Extension for reply within first month | | | |
| Charge fee(s) indicated below, except for the filing fee | | Extension for reply within second month | | | |
| to the above-identified deposit account. FEE CALCULATION | Щ | Extension for reply within third month | | | |
| Extra Claim Fees | | Extension for reply | within fo | ourth month | |
| | | Extension for reply | within fi | fth month | |
| Extra Claims Fee Fee Paid | | Notice of Appeal | | | |
| Total Claims x 52 = \$0 | | Filing a brief in support of an appeal | | | |
| Independent x 220 = \$0 | | Petition to revive - unavoidable | | | |
| Multiple = \$0 | | Petition to revive - unintentional | | | |
| Dependent | | Utility Issue Fee | | | |
| SUBTOTAL \$0 | | Design Issue Fee | | | |
| | | Publication Fee | | | |
| Fee Description Large Entity Small Entity | 目 | Petitions to the Co | mmissio | oner | |
| 1 55 B 555 p. 15 | 爿 | Request for Continued Examination (RCE) | | | |
| Claims in excess of 20 52 26 | \exists | Information Disclosure Statement (IDS) | | | |
| Independent claims in excess of 3 | | | | | |
| Multiple dependent claim, 390 195 | Othe | Other fee - | | | |
| if not paid | | | | | |
| | | | S | SUBTOTAL (\$) | 0 |
| SUBMITTED BY | | | | (Complete (if applicable)) | |
| Name (Print/Type) Sandra S. Lee | | Registration No. (Attorney/Agent) 51,9 | 32 | Telephone 212-4 | 08-2500 |
| Signature Simulater | | Transitional = .15 | | Date 11/02/200 |)9 |

WARNING: Information on this form may become public. Credit card information should not

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

This collection of information is required by 37 CFR 1.17 and 1.27. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.